

Nantucket Police Department

Bicycle Registration

Bicycle Owner

Last Name: _____ First Name: _____ MI: _____

Nantucket Address: _____ Phone: _____

Permanent address: _____ DOB: _____

City: _____ State: _____ Zip: _____

Bicycle Information

Manufacturer Name: _____ Model Name: _____ Sex: M / F

Descriptive Type: _____ Primary Color: _____ Secondary Color: _____

Serial

Number:

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Other descriptive remarks: _____

Registration Decal: _____ Date Issued: _____ Issued By: _____

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